MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Telephone: (916) 445-2021

WEBSITE ADDRESS:

http://ag.ca.gov/charities/

2002 REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and assessment of a minimum tax of \$800, plus interest, and/or fines or filing penaltles as defined in Government Code Section 12586.1.



		DDE 4 EV	TENCIONS W	ULL NOT DE CDANTED			
		HHF-1 EX	I ENSIONS W	/ILL NOT BE GRANTED			
	State Charity Registration Num	nber, Name, and Addr	ess of Organizat	tion Below:	Check if: Change of ac Initial report Amended rep		
Travele	ers Aid Society of Sacrame	nto		CK	Final report	701 t	
	Organization			•			
	est El Camino Avenue			Corporate or Organization No	•		
	(Number and Street)				04 4407400		
	mento, CA 95833-2201			Federal Employer I.D. No.	94-1167423		
	own, State and ZIP Code A - ACTIVITIES						
1.		NT FULL ACCOUN	TING PERIOD	did your gross receipts or total	l assets equal	Yes	No
				the California Code of Regu ort. Make check payable to I			12, to
2.	For your MOST RECENT	FULL ACCOUNTIN	IG PERIOD (be	eginning <u>07/01/2001</u> endi	ing <u>06/30/2002</u>	2) list:	
	Gross receipts \$	557,006 Tota	al assets \$	141,100 Actual X	Estimated		
PART	B - STATEMENTS REC	GARDING ORGA	NIZATION DL	IRING THE PERIOD OF TI	HIS REPORT		
Note:				nust attach a separate sheet structions for information re		anation a	nd
1.		officer, director or tr	rustee thereof e	, leases or other financial transither directly or with an entity i		Yes	No X
2.	During this reporting period		eft, embezzlem	nent, diversion or misuse of the	e organization's		×
3.	During this reporting perio	od, did nonprogram	expenditures e	xceed at least 50% of gross re	venues?		Х
4.		od, were any organiz	zation funds us	ed to pay any penalty, fine or j			х
5.	During this reporting period of "yes," provide an attach	od, were the services ment listing the nan	s of a professione, address, an	onal fund-raiser or fund-raising nd telephone number of the ser	counsel used? rvice provider.		Х
6.	During this reporting period attachment listing the nan	od, did the organizat ne of the agency, m	tion receive any ailing address,	governmental funding? If so contact person, and telephone	, provide an e number.	X	
Örganiz	ration's area code and telephone	number <u>(916)</u> 9	929-1975		<i></i>		
	re under penalty of perjury that dge and belief, it is true, corre		is report, includi	ng accompanying documents, ar	nd to the best of my		
1/1							
1111	42-1 Allen	Elnor Tillson		Executive Direct	tor		5/2002
Signatu	re of authorized officer	Elnor Tillson Printed Name		Executive Direct Title	etor /	11/1 Date	5/2002

	Schedul	Travelers Aid Society of Sacramento, Inc. Schedule of Profit&Loss for Perod 6/30/01	nento, Inc. Perod							
Account Name	# CP #	Management After Hours & General (SETA)		Ann Land & Bertha Hanschel Memorials	New Horizons	Families Beyond Transition	United Way At Work	Emergency Assistance	Anita Weaver Funds	Federal Emergency Mgmt Agency (FEMA)
Contributions Government Grants	. 1	20,265.40 28,134.00	61,649.10	19,125.00	108,604 64	38,394.00		:	1,800.00	65,000.00
Private Grant Interest United Way		34.76					30,000.00	3		
Transportation Rent-refund Client fees	1 -	4,691.07			125.00	1.1 <u>11.</u> 1				
Gross Income		57,519.12	61,649.10	19,125.00	108,729.64	38,394.00	30,000.00	00.0	1,800.00	65,000.00